CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

INFORMATION HANDLING SERVICES INC.

DOCUMENT # P14530 (0)

Mailing Address

C/O T B G INC. SVCS INC 17TH FL.
1211 AVE. OF THE AMERICAN 575 Fifth Ave
NEW YORK, NY. 10036-7413

Principal Place of Business

C/O T B G INC. SVCS INC. 17th Fl.
1211 AVE. OF THE AMERICAN 575 Fifth Ave
NEW YORK, NY. 10036-7413

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21

2a. Principal Place of Business
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 Country 25

Zip 29 Country 30

3. Date Incorporated or Qualified: 05/19/1987

3a. Date of Last Report: 03/16/1993

4. FEI Number: 22-2721160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	~~TIMBERS, MICHAEL~~	1.2 NAME	Robert L. Jordan
1.3 STREET ADDRESS	~~2500 EAST QUINCY~~	1.3 STREET ADDRESS	15 Inverness Way East
1.4 CITY-ST-ZIP	~~ENGLEWOOD CO~~	1.4 CITY-ST-ZIP	Englewood, CO 80150
2.1 TITLE	~~V~~D	2.1 TITLE	D
2.2 NAME	CUTLER, RICHARD J.	2.2 NAME	
2.3 STREET ADDRESS	190 FEN WAY	2.3 STREET ADDRESS	Same ~~change~~ as the left
2.4 CITY-ST-ZIP	SYOSSET NY	2.4 CITY-ST-ZIP	
3.1 TITLE	V	3.1 TITLE	700001478377
3.2 NAME	LEVINE, ROBERT B.	3.2 NAME	-05/08/95--01026--016
3.3 STREET ADDRESS	124 S. MARION PLACE	3.3 STREET ADDRESS	****400.00 ****200.00
3.4 CITY-ST-ZIP	ROCKVILLE CENTRE NY	3.4 CITY-ST-ZIP	
4.1 TITLE	T/S	4.1 TITLE	T/S D
4.2 NAME	MEYER, L. CHRISTOPHER	4.2 NAME	
4.3 STREET ADDRESS	15 INVERNESS WAY EAST	4.3 STREET ADDRESS	Same as the left
4.4 CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	
5.1 TITLE	D	5.1 TITLE	
5.2 NAME	TIMBERS, MICHAEL	5.2 NAME	
5.3 STREET ADDRESS	2500 EAST QUINCY	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Levine ROBERT B. LEVINE VICE PRESIDENT 4/24/95 212-850-8500

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Phone #